05/10/23 • COVID › VIEWS

Does Vaccine-Induced Myocarditis Put Teens at Risk of Future Heart Attacks?

A new study shows that six months after being diagnosed with vaccine-induced myocarditis, 80% of teens had not recovered.

By Peter A. McCullough, M.D., MPH

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Every cardiology office in America should be recognizing COVID-19 vaccine-induced myocarditis is occurring due to the continued production of the Wuhan spike protein coded by the long-lasting Pfizer or Moderna mRNA vaccines.

While blood tests can give inferences on inflammation, cardiologists also use cardiac MRA to visualize the inflammation, establish the diagnosis, and craft a prognosis.

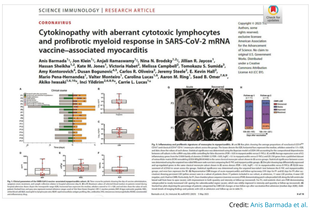
We would hope young teenagers would resolve their MRI results and go on with life. A recent report to the contrary caught my attention.

Barmada et al studied a clinical cohort consisting of 23 patients hospitalized for vaccine-associated myocarditis and/or pericarditis. The cohort was predominately male (87%) with an average age of 16.9 ± 2.2 years (ranging from 13 to 21 years).

Patients had largely noncontributory past medical histories and were generally healthy before vaccination. Most patients had symptom onset 1 to 4 days after the second dose of the BNT162b2 mRNA vaccine.

Six patients either first experienced symptoms after a delay of >7 days after vaccination or were incidentally positive for SARS-CoV-2 by polymerase chain reaction (PCR) testing upon hospital admission; these six patients were thus excluded from further analyses, though they potentially reflect the breadth of clinical presentations of vaccine-associated myopericarditis.

The remaining cohort of 17 patients showed no evidence of recent prior SARS-CoV-2 infection, with antibodies to spike protein but not to nucleocapsid protein and negative nasopharyngeal swab reverse transcription quantitative PCR at hospital admission.


SCIENCE IMMUNOLOGY | RESEARCH ARTICLE

CORONAVIRUS

Cytokinopathy with aberrant cytotoxic lymphocytes and profibrotic myeloid response in SARS-CoV-2 mRNA vaccine–associated myocarditis

Anis Barmada[1,2], Jun Klein[1,2], Anjali Ramaswamy[1], Nina N. Brodsky[1,2], Jillian R. Jaycox[1], Hannan Sheikha[1,2], Kate M. Jones[1], Victoria Habet[1], Melissa Campbell[1], Tomokazu S. Sumida[3], Amy Kontorovich[4], Ocean Bogunovic[4,5], Carlos R. Oliveira[1], Jeremy Steele[1], E. Kevin Hall[1,2], Mario Pena-Hernandez[1], Yuhui Shamloo[1], Carolina Lucas[1,6], Aaron M. Ring[1], Saad B. Omer[1,2,6,7], Akiko Iwasaki[1,2,8,9], Inci Yildirim[1,2,6,10], Carrie L. Lucas[1,2]

Credit: Anis Barmada et al.

While the authors clearly show high levels of inflammatory markers, my attention was drawn to the follow-up MRI scans.

As shown in the figure, only 20% had resolved their abnormalities (late gadolinium enhancement) at over six months (199 days).

This paper raises questions: 1) is there ongoing heart damage and inflammation at six months? 2) does the LGE in 80% represent a permanent "scar" putting these children at risk for future cardiac arrest?

These data strongly call for large-scale research into this emerging problem given the large number of potential young persons at risk.

Originally published on Dr. Peter McCullough and John Leake's Courageous Discourse Substack page.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

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Dr. McCullough is board certified in internal medicine, cardiovascular diseases, and clinical lipidology.

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Naga
a day ago
What a stupid question. Myocarditis, is myocarditis and scars on the heart do not go away, and typically, people with myocarditis, die within five years. Stupid is what stupid does. Just how long before parents pull out the pitchforks? What does it take????
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Timothy Patrick Fay
9 hours ago
When the vaccine first came out and the inventor of the mRNA vaccine Dr. Malone said not to take it, that was all the proof my family and I needed to leave it alone. We were fortunate to hear Dr. Malone's message because right after that interview the internet banded his message. It looks to me that the internet is also responsible for the many deaths their actions caused!
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Lynda Lewandowski
a day ago
The Dean at SUNY Albany demanded my daughter get this shot or be disenrolled and lose her spot on the D1 cross country/track team. She got it in Jan 23 and has been sick 5 times since, the latest with elevated heart rate, high troponin levels indicating myocarditis. She cannot run and has had EKG, numerous blood tests and sonogram. Now they want todo anMRI. I know this shot did this as she was a super healthy athlete beforehand. I hold the dean of SUNY Albany responsible and hope he is held accountable for any young lives he destroyed. So ironic that the deanor staff did NOT have to get this shot

Sent from Yahoo Mail for iPhone
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Stephen Simac → Lynda Lewandowski
3 hours ago
Have a lawyer file a claim- or just send a registered letter to them demanding restitution for 3x medical bills paid and estimated future costs (pain and suffering damages are unfortunately no longer granted). They have legal culpability for any damages caused by demanding EAU injections in students, because all other agencies or individuals involved in producing, selling or administering these shots have immunity.

They will probably ignore it, but at least it will be on record. I sent similar emails to NYU authorities because of their mandates. Possibly other parents or students sent notifications to SUNY officials.
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a day ago
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